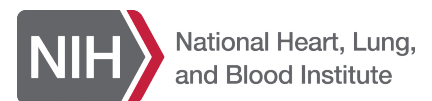


# National Asthma Education and Prevention Program Coordinating Committee (NAEPPCC)

## Welcome to NAEPPCC Webinar

June 24, 2019

✓ Lines are muted to reduce background sounds



# Meeting Agenda

10:00 – 10:10 AM	Welcome	Ms. Susan Shero, Executive Secretary, NAEPPCC Dr. James Kiley and Dr. George Mensah, Co-chairs, NAEPPCC
10:10 – 10:25	NHLBI Directions in Health Education for NAEPPCC	Dr. Lenora Johnson, Director, NHLBI Office of Science Policy, Engagement, Education, and Communications
10:25 – 11:20	Discussion: Role of NAEPPCC and Prioritizing Future Directions and Activities	Drs. Mensah and Kiley Coordinating Committee
11:20 – 11:30	Comments and Questions	All Attendees
11:30 – 11:45	Update on Asthma Guidelines	Dr. Michelle Cloutier, Chair, Guidelines Working Group
11:45 – 11:50	Guidelines Q&A	Coordinating Committee
11:50 – 11:55	Guidelines Comments and Questions	All Attendees
11:55 AM – 12:10 PM	Open for Questions/Comments/Organizational Updates	All Attendees
12:10 – 12:15	Review of Action Items and Wrap Up	NAEPPCC Co-chairs

# NAEPPCC Membership

Dr. J. Kofi Berko (HUD)

Ms. Sheila Brown (EPA)

Dr. Kurtis S. Elward (AAFP)

Dr. Anne M. Fitzpatrick

Dr. Lynn B Gerald

Dr. Fernando Holguin (ATS)

Dr. Joy Hsu (CDC)

Dr. Elliot Israel

Dr. Robert F. Lemanske

Mr. Kenneth Mendez (AAFA)

Dr. Giselle S. Mosnaim (AAAAI)

Dr. Gary S. Rachelefsky (AAP)

Dr. Lisa M. Wheatley (NIAID)

Dr. Juan P. Wisnivesky

Dr. Darryl C. Zeldin (NIEHS)

# **National Heart, Lung, and Blood Institute Health Education Framework**

**Lenora Johnson, DrPH**

Director, OSPEEC

National Heart, Lung, and Blood Institute

# OSPEEC's Mission

- To advance NHLBI's research programs, progresses, and discoveries by:
  - Communicating the value of NHLBI's research investments and discoveries;
  - Educating the public about research proven health information;
  - Promoting the adoption of evidence-based disease prevention, control, and treatment; and
  - Engaging individuals, organizations, and communities in dialogue and partnership to advance science, policy, and public health.

# Evolution of NHLBI's Health Education Approach

## Independent Health Campaigns

- Increasing Broad Awareness
- Campaigns Isolated from the Science
- Broad Audience Focus
- Nationally Driven Efforts
- Print & Product Oriented
- Disease Oriented
- Restrictive Evaluability

## Coordinated Health Programs

- Ensuring Adoption of Evidence
- Science Driven Programs
- Audience of Greatest Need Focused
- Partner (Intermediary) Supported Efforts
- Multimodal Oriented
- Health and Wellness Oriented
- Theoretically Framed
- Data and Metric Driven

# *NHLBI Health Education Objectives*

## **Overall approach:**

Targeted evidence -based programs using an evolving mix of strategic partnerships to effect change and improve health

## **Strategy:**

Data driven based on clear objectives and specified audience(s) of need within a defined theoretical framework(s)

## Individual

Create evidence-based programs, resources, and messaging that support and motivate behavior change to prevent and treat heart, lung, blood, and sleep disorders (HLBS) by:

- Translating research into plain language for patients and consumers
- Creating evidence-based behavior change tools and resources for patients and consumers
- Developing consumer-facing public health education programs
- Assisting health care providers in accessing timely health-related research findings—and adopting evidence

## Interpersonal

Create evidence-based programs, resources, and messaging to help build support systems that can influence behavior change to prevent and treat HLBS disorders by:

- Disseminating prevention and treatment guidelines and recommendations
- Creating opportunities and resources for education, training, and skill building
- Identifying natural social networks that are trusted influencers for change

## Community & Organization

Identify and engage diverse, multisectoral partners to advance HLBS research, training, and education programs that promote the prevention and treatment of HLBS disorders at the community level by:

- Strategically identifying and collaborating with partners to advance prevention and treatment
- Providing health systems with resources to educate patients and health professionals
- Conducting media engagement and outreach
- Supporting communities in obtaining program support
- Developing strong partnership networks

## Societal

NHLBI's evidence-based programs, resources, and messaging helps national partners to increase awareness and justify policies, norms, and regulations that work to prevent and treat HLBS disorders and improve health outcomes for all Americans by:

- Building broader awareness for areas of systematic knowledge gaps
- Providing information to those seeking to educate policy makers and influence others
- Allowing research advances to inform behavior choices, practice decisions, and policy discussions

## ASSESS AUDIENCES OF NEED

To create evidence-based health education programs, resources, and messaging, NHLBI begins by understanding key attributes of the audience(s) of need that directly and indirectly influence adoption of desired HLBS behavior change. NHLBI seeks to understand audience:

- Knowledge, attitudes, and behaviors
- Motivations and intentions
- Skills and abilities
- Genetic factors
- Demographics
- Social networks
  - Cultural and social norms
  - Social support and modeling
  - Trusted influencers

## IDENTIFY TRUSTED PARTNERS

To disseminate evidence-based health education programs, resources, and messaging, NHLBI collaborates with trusted partners. These partners help to influence the places that can affect behavior change at local, regional, and national levels. Partners work to:

- Increase availability of health-enhancing resources and opportunities
- Change/improve the physical structure in our environments to encourage healthful action
- Disseminate multi-channel messages that model and recommend healthful practices
- Influence the social structures in our communities and how they are enforced to encourage healthful action



## NHLBI Health Education Program

- **Heart Health**

- Women's Heart Health (Heart Truth)
- Controlling High Blood Pressure
- Reducing High Cholesterol

- **Lung Health**

- COPD & Action Plan Implementation
- Asthma & Guidelines Dissemination/Implementation

- **Blood Diseases**

- Sickle Cell Disease
- Thrombosis

Healthy Lifestyle (Sleep, DASH Diet, Physical Activity)



# Lung Health Program Components

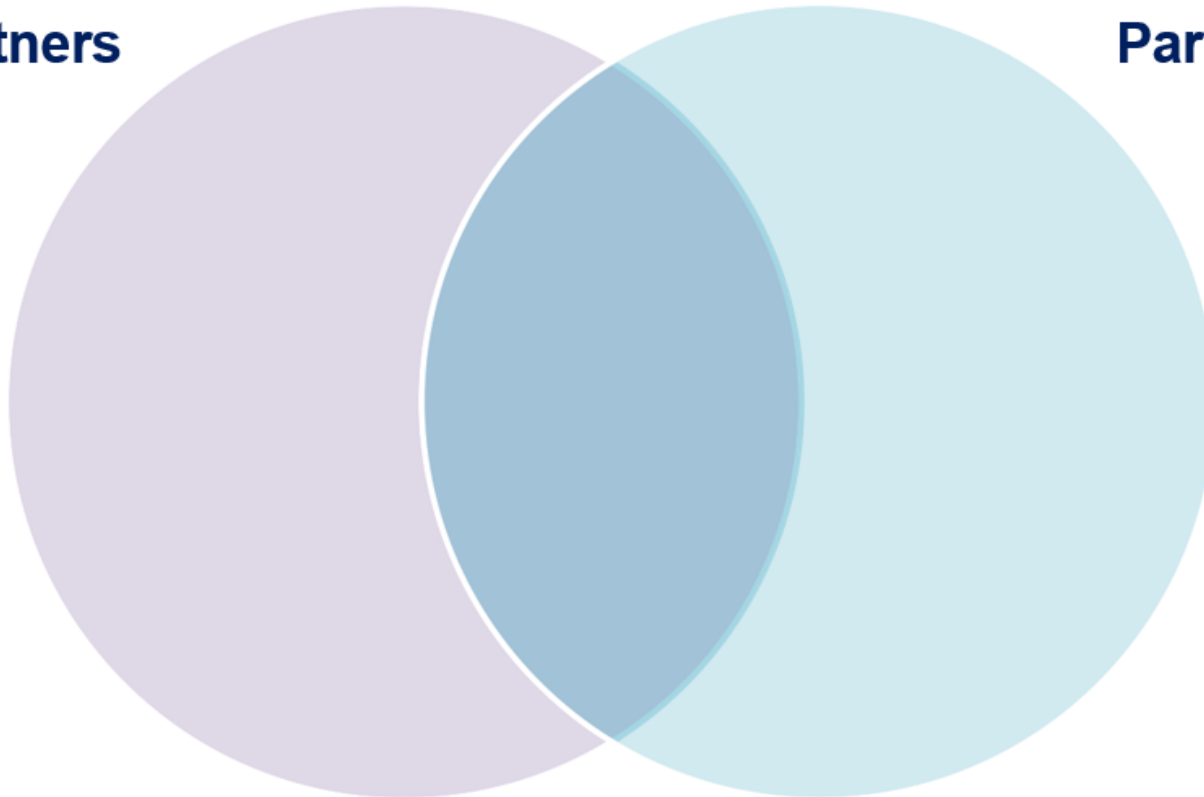
- **Overall Objectives for Education & Outreach**
  - Increase awareness of lung diseases and disorders as a serious conditions and leading causes of death and morbidity in the United States.
  - Increase understanding that certain lung disorders are either preventable, controlled or treatable.
  - Encourage those at greatest risk to act upon those steps that serve to diagnose specific conditions earlier and talk to their health care provider about treatment options.
  - Encourage appropriate individuals (increased risks, symptomatic, diagnosed) to participate in clinical research efforts – to support curative strategies.
- **Research and Strategic Implementation**
  - Engage a broad partnership base in collaborations leading to the implementation of plans, strategies, and guidelines associated with lung diseases
  - Consider effective approaches and tools for reaching clinicians around the dissemination, education, and adoption of evidence and best practices
  - Routinely convene key stakeholders in activities serving to advance and implement plans
  - Track and monitor progress toward fulfillment of goals and objectives associated with lung disease related strategic plans
- **Fostering Stakeholder Engagement and Collaborations**
  - Engage stakeholders across the lung disease environment to build collaborative opportunities across a network of partners and independently when appropriate
  - Ensure engagement across federal agencies to gain broader support for efforts and activities focused on lung disease
  - Consider leveraging the *Learn More Breathe Better* brand and approach to partnership (Breathe Better Network) to include additional conditions



# Strategic Partners Across the Lung Health Portfolio

**COPD  
Partners**

**Asthma  
Partners**



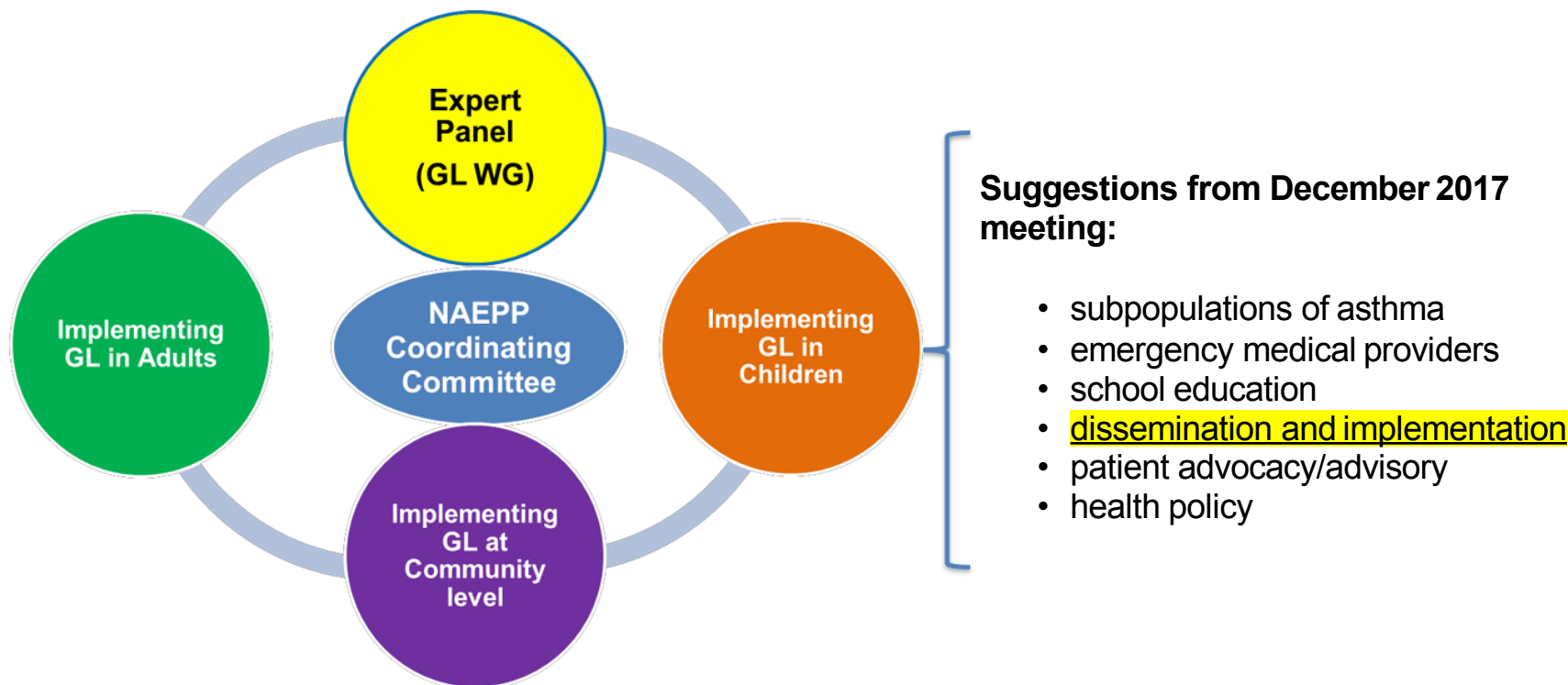
# Strategic Partner

Partnering with the *National Asthma Education and Prevention Program (NAEPP)* to raise awareness about asthma as a major public health problem, develop guidelines and supportive materials based on the latest SERs, and use multiple strategies to enhance guidelines implementation and adoption.

# Discussion: Role of NAEPPCC and Prioritizing Future Directions and Activities



# NAEPPCC FACA and Working Groups



# Comments and Questions



# Asthma Guidelines Working Group Update

National Asthma Education and Prevention  
Program Coordinating Committee  
(NAEPPCC) Meeting

June 24, 2019





- Dr. J. Kofi Berko
- Ms. Sheila Brown
- [Dr. Kurtis S. Elward](#)
- Dr. Anne M. Fitzpatrick
- Dr. Lynn B Gerald
- Dr. Fernando Holguin
- Dr. Joy Hsu
- Dr. Elliot Israel
- [Dr. Robert F. Lemanske](#)
- Mr. Kenneth Mendez
- Dr. Giselle S. Mosnaim
- Dr. Gary S. Rachelefsky
- Dr. Lisa M. Wheatley
- Dr. Juan P. Wisnivesky
- Dr. Darryl C. Zeldin

- Dr. Michelle M. Cloutier
- Dr. Alan Baptist
- Dr. Kathryn Blake
- Dr. Edward Brooks
- Dr. Emily DiMango
- Dr. Anne Dixon
- Dr. Kurtis S. Elward
- Dr. Tina Hartert
- Dr. Jerry Krishnan
- Dr. Robert F. Lemanske
- Dr. Daniel R. Ouellette
- Dr. Wilson Pace
- Dr. Michael Schatz
- Dr. Neil Skolnik
- Dr. Tyra Bryant Stephens
- Dr. Jim Stout
- Dr. Stephen Teach
- Dr. Craig Umscheid
- [Dr. Colin G. Walsh](#)

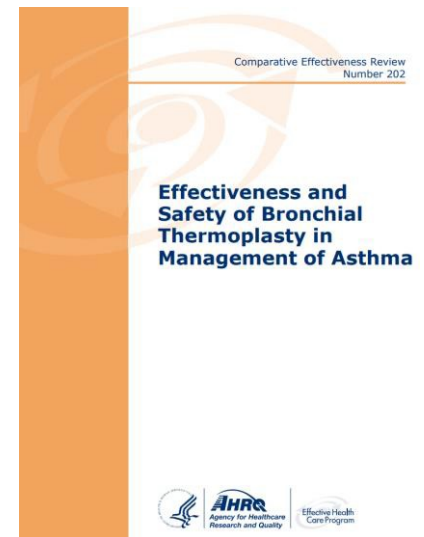
# Charge to Guidelines Working Group

- Use the AHRQ systematic reviews to update selected topics identified through needs assessment
- Draft new clinical recommendations for the selected topics and grade the strength of each recommendation
- Consider implications for guideline implementation while drafting recommendations

Mensah GA, Kiley JP, Gibbons GH, Generating evidence to inform an update of asthma clinical practice guidelines: Perspectives from the National Heart, Lung, and Blood Institute, Journal of Allergy and Clinical Immunology (2018), doi: 10.1016/j.jaci.2018.07.004

# Systematic Review Topics for Updates to the Guidelines

1. Intermittent Inhaled Corticosteroids (ICS)
2. Long-Acting Muscarinic Antagonists (LAMA) therapy
3. Bronchial Thermoplasty
4. Immunotherapy
5. Indoor Allergen Reduction
6. Fractional Exhaled Nitric Oxide (FeNO)



# Working Group Operations

- Technical and logistical support contract (Westat)
- Methodology support for GRADE Framework (VA/University of Minnesota methodologists)
- Topic teams that align with content areas
- Cross-cutting team to develop guideline management tool



# Working Group Operations Continued

## ■ **Management of Confidentiality**

- Applies to all deliberations and discussions
- A Collaborative Workspace is used for documents/discussions

## ■ **Management of Conflict of Interest**

- Prior to initiation: JACI editors reviewed Working Group members' self reported COIs
- Any new potential COIs: Adjudicated by the Working Group Chair with JACI according to the current National Academy of Medicine (formerly IOM) recommendations

# GRADE approach

- **Decision to use GRADE**
  - Standardized, systematic approach to classify both direction and strength of recommendations
  - Recommendations weigh the desirable effects of an intervention with the undesirable effects of the intervention
- **Description of GRADE process**
  - Methodologists created evidence profiles from Systematic Reviews, including results and an assessment of certainty (risk of bias, precision, consistency, etc.)
  - Evidence profiles integrated with other relevant factors (equity, acceptability, and feasibility) to inform decisions
- **Implications of using GRADE**
  - Recommendations: Intended to be actionable
    - May be strong or conditional
    - May recommend for or against an intervention in a specific population, using a relevant comparator
  - Shift from EPR-3:
    - Describes the factors that affect decisions and the confidence of the recommendation

# Major Working Group Activities

- Literature search update completed ✓
  - Address the time gap since systematic reviews
  - Add additional contextual factors needed for use of GRADE methodology
- Review and discussion of evidence (ongoing) ★
  - Created “Topic teams” reviewing the evidence for the key questions addressed in Systematic Reviews
  - Use of GRADE methodology to use the data to inform decision
    - Prioritization of outcomes to be considered
    - Use of evidence to decision tables with GRADE consultants
- Drafting of recommendations underway
  - Topic teams propose recommendations
  - EPR-4 WG Expert Panel consensus



# Expected Project Timeline

- Dec. 2019 - Jan. 2020: Review of draft guidelines
  - Public comment period
  - NAEPPCC/Federal partner review
- Jan. 2020 - Feb. 2020: Address reviewers' comments
- Mar. 2020: Present draft guidelines at AAAAI meeting (Philadelphia, PA)
- Fall 2020: Publish guidelines after federal approval



# Anticipated Products

- Full Report of Selected Topics Updates
  - Background and methodology sections
  - New recommendations along with rationale, discussion, grading, citations, etc.
  - Implementation considerations
  - To be published on NHLBI website
- Journal Publication
  - Peer-reviewed, relevant journal
  - Derived from full report
- One-page Infographic
  - Visual capture of recommendations/clinical management
  - To be published on NHLBI website



# Discussion/ Q&A



# Review and Wrap-up

